FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED

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Office Use Only

NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	TEO DIMIL DENI
MN One PAC			1	
ADDRESS (supposed street)	PO Box 6126			
ADDRESS (number and street)		h	1 1 1 1 1	
(Check if address is changed)	Rochester		MN 5	5903 
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one e- MNonePAC@gmail.c			
(Check if address				
is changed)			<u> </u>	
COMMITTEE'S WEB PAGE ADI	DRESS (URL)			
(Check if address is changed)			4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
2. DATE 05 01	D / Y Y Y Y 2013			
3. FEC IDENTIFICATION NU	JMBER C			
4. IS THIS STATEMENT X	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the best	of my knowledge and belief	it is true, correct a	nd complete.
Type or Print Name of Treasure	Thomas Datwyler		······································	<del></del>
Signature of Treasurer	Datwyler		м м Date	1 D D 1 Y Y Y
NOTE: Submission of false, errone	ous, or incomplete information			ne penalties of 2 U.S.C. §437g.
Office Use		For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

T/DE 0		-				Page 2
TYPE OF CO	MMITTEE Committee:					
	This committee is a	oringinal campaign	committee (Complet	e the candidate in	formation helou	<i>(</i> )
	This committee is a p	orincipal campaign	committee. (Complet	e the candidate in	ormation below	r. j
	This committee is an information below.)	authorized commi	ttee, and is NOT a p	rincipal campaign	committee. (Co	mplete the candidate
Name, of Candidate				<del> </del>	<u> </u>	
Candidate	DED.	Office				State
Party Affiliation	n REP	Sought:	House	Senate	President	District
(c)	This committee supp	orts/opposes only	one candidate, and is	NOT an authorize	ed committee.	District
Name of Candidate				1 1 1 1 1		
Party Comr	mittee:					
-	This committee is a		(National, State or subordinate) com	.million of the		(Democratic, Republican, etc.) Pa
(d)	This committee is a		or subordinate) con	innitiee of the		nepublican, etc.) Fa
Political Ac	tion Committee (	PAC):				
(e)	This committee is a	separate segregate	ed fund. (Identify conn	ected organization	on line 6.) Its co	onnected organization
	Corporation		Corporation	on w/o Capital Sto	ock	Labor Organizatio
	Membership	Organization	Trade Ass	sociation		Cooperative
	In add	lition, this committe	e is a Lobbyist/Regist	rant PAC.		
<b>(f)</b>		orts/opposes more	than one Federal ca		OT a separate s	segregated fund or pa
<b>(f)</b>	This committee supp committee. (i.e., nonc	orts/opposes more onnected committe	than one Federal ca	andidate, and is NO	OT a separate s	segregated fund or pa
<b>(f)</b>	This committee supp committee. (i.e., nonc In addition, thi	orts/opposes more onnected committe s committee is a Le	than one Federal ca e) ebbyist/Registrant PA(	indidate, and is NO	·	segregated fund or pa
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Joint Fundr	This committee supp committee. (i.e., noncommittee.) In addition, this addition, this committee collections.	orts/opposes more onnected committee is a Le s committee is a Le ative:	e than one Federal ca e) abbyist/Registrant PAC eadership PAC. (Ident	indidate, and is No	6.) net proceeds for	two or more political
Joint Fundr	This committee supp committee. (i.e., noncommittee.) In addition, this last also the committee collect committees/organization	orts/opposes more onnected committee is a Les committee is a Les ative:  Its contributions, parons, at least one of	e than one Federal care)  abbyist/Registrant PAC  adership PAC. (Ident	indidate, and is No	6.) let proceeds for ederal candidate	· •
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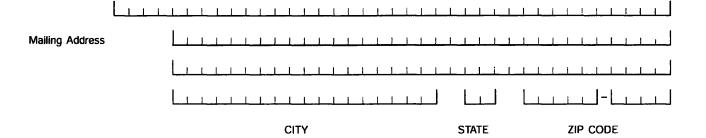
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Write or Type Committee	lame
MN One PAC	
6. Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
NONE	
Mailing Address	
•	
	CITY STATE ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponso
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person in possession of committee
P .	as Datwyler
Full Name	6153E Tahoe Circle
Mailing Address	
	Woodbury , MN , 55125
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number 715 - 338 - 8544
. Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee; and the name and address of g., assistant treasurer).
Full Name Thom of Treasurer	as Datwyler
Mailing Address	6153E Tahoe Circle
	Woodbury MN 55125
Title or Position	CITY STATE ZIP CODE
, Treasurer	715   338   8544

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Name of Bank, Depository, etc.

FEC Form 1 (Revised 02/2009)



STATE

ZIP CODE

CITY

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No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Next Business	Day Delivery			
Received from House Records & Registration Office	Date of Receipt			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	ceipt or Postmarked			
Am D	5/2/17			
(3/2005)	DATE PREPARED			